



State of Hawaii, Department of Health, Clean Water Branch

CWB-NPDES "No Exposure" Certification Form

"No Exposure" Certification for Conditional "No Exposure" Exclusion from National Pollutant Discharge Elimination System (NPDES) Storm Water Associated with Industrial Activity Permitting

A condition of "no exposure" exists at an industrial facility when all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product or waste product. A storm resistant shelter is not required for the following industrial materials and activities:

- drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- adequately maintained vehicles used in material handling; and
- final products, other than products that would be mobilized in storm water discharges (e.g., rock salt).

A "No Exposure" Certification must be provided for each facility qualifying for the no exposure exclusion. In addition, the exclusion from NPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the Conditional "No Exposure" Exclusion.

By signing and submitting this "No Exposure" Certification form, the facility owner or operator is certifying that a condition of "no exposure" exists at its facility or site and is obligated to comply with the terms and conditions of 40 CFR 122.26(g).

Provide a response for all items. Indicate "n/a" if an item is not applicable to your facility. Contact the Clean Water Branch at (808) 586-4309 if you have any questions.

1. Owner Information

Legal Name: _____

Mailing Address: _____

City, State and Zip Code+4: _____

Street Address: _____

City, State and Zip Code+4: _____

Contact Person & Title: _____

Phone No.: () _____ Fax No.: () _____

2. Owner Type (see Guidelines for CWB-NOI Form B - Note 2)

City ☐ County ☐ State ☐ Federal ☐ Private ☐ Other ☐

If "Other" is checked, specify the type below:

3. Operator Information

Legal Name: _____

Mailing Address: _____

City, State and Zip Code+4: _____

Street Address: _____

City, State and Zip Code+4: _____

Contact Person & Title: _____

Phone No.: () _____ Fax No.: () _____

4. Facility Information

Facility Name: _____

Mailing Address: _____

City, State and Zip Code+4: _____

Street Address: _____

City, State and Zip Code+4: _____

Contact Person & Title: _____

Phone No.: () _____ Fax No.: () _____

Island: _____

Tax Map Key No(s).			
Zone	Section	Plat	Parcel(s)

5. Receiving State Water(s) Information (see Guidelines for CWB-NOI Form B - Note 3)

a. Receiving State Water Name: _____

Discharge Point Coordinates into the Receiving State Water:

Latitude: ° ' " N Longitude: ° ' " W

Classification: (check the appropriate space(s))

Inland: Class 1 ☐ Class 2 ☐ and Estuary ☐

Marine: Class AA ☐ Class A ☐ and Embayment ☐

b. Are there additional discharge points into receiving State waters?

No ☐ Yes ☐ If yes, provide the information requested in Item 5.a. on a separate sheet.

c. Does the discharge initially enter a separate storm water drainage system?

No ☐ Yes ☐ If yes, provide the following information. Attach a separate sheet with the requested information if there is more than one (1) discharge point into the separate storm water drainage system.

i. Drainage System Owner's name: _____

ii. Discharge Point Coordinates into the Drainage System:

Latitude: ° ' '' N Longitude: ° ' '' W

iii. A copy of the permit, license, or equivalent written approval granted by the owner(s) of the drainage system(s) allowing the subject discharge to enter their drainage system(s) is attached.

Yes ☐ No ☐ , an explanation is attached.

6. NPDES Permit Coverage

a. Was the facility or site previously covered under an NPDES storm water permit?

Yes ☐ No ☐ If yes, provide the assigned Permit/File No.: _____

b. Is the facility or site currently covered under an NPDES storm water permit?

Yes ☐ No ☐ If yes, provide the assigned Permit/File No.: _____

7. North American Industrial Classification System (NAICS) United States Structure Codes (See <http://www.census.gov/epcd/www/naicstab.htm#download> for 1997 NAICS and 1987 SIC Correspondence Tables to determine the NAICS code(s) and description(s) for your facility. See also <http://www.epa.gov/sectors/background.html#NAICS> and <http://www.census.gov/epcd/www/naics.html>.)

	NAICS Codes						Description
a	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
b	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
c	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
d	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

8. Total size of the facility or site associated with industrial activity: _____ acres

9. Have you paved or roofed over a formerly exposed and pervious area in order to qualify for the no exposure exclusion?

Yes ☐ No ☐

If yes, please indicate approximately how much area was paved or roofed over. (Completing this question does not disqualify you for the no exposure exclusion. However, your permitting authority may use this information in considering whether storm water discharges from your site are likely to have an adverse impact on water quality, in which case you could be required to obtain permit coverage.)

☐ Less than one acre ☐ One to five acres ☐ More than five acres

10. Exposure Checklist

Are any of the following materials or activities exposed to precipitation now or in the foreseeable future? (Please check either "Yes" or "No" in the appropriate box.) **If you answer "Yes" to any of these questions (a) through (k), you are not eligible for the Conditional "No Exposure" Exclusion.**

	Description of Materials or Activities	Yes	No
a	Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to storm water		
b	Materials or residuals on the ground or in storm water inlets from spills/leaks		
c	Materials or products from past industrial activity		
d	Material handling equipment (except adequately maintained vehicles)		
e	Materials or products during loading/unloading or transporting activities		
f	Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to storm water does not result in the discharge of pollutants)		
g	Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers		
h	Materials or products handled/stored on roads or railways owned or maintained by the discharger		
i	Waste material (except waste in covered,non-leaking containers [e.g., dumpsters])		
j	Application or disposal of process wastewater (unless otherwise permitted)		
k	Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit)and evident in the storm water outflow		

11. Additional Information

12. Certification

Alteration of this item will result in the invalidation of this CWB-NPDES Exclusion Form submittal.
The person certifying this CWB-NPDES Exclusion Form must meet one of the following descriptions and be employed by the owner listed in Item 1.

- ☐ I certify that for a municipal agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a state agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a non-federal public agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a federal agency, I am the chief executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.
- ☐ I certify that I am a general partner for a partnership.
- ☐ I certify that I am the proprietor for a sole proprietorship.
- ☐ I certify that for a corporation, I am the President, Vice President, Secretary, or Treasurer of the corporation and in charge of a principal business function, or I perform similar policy or decision-making functions for the corporation.
- ☐ I certify that for a corporation, I am the Manager of one or more manufacturing, production, or operating facilities and am authorized to make management decisions which govern the operation of the regulated facility or facilities including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations. I can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.
- ☐ I certify that for a trust, I am a trustee.
- ☐ I certify that for a limited liability company (LLC), I am the Manager or a Member authorized to make management decisions for the LLC and am in charge of a principal business function, or I perform similar policy or decision-making functions for the LLC.

Certification Statement continued on next page.

12. Certification (continued)

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of "no exposure" and obtaining an exclusion from NPDES storm water permitting.

I certify that there are no discharges of storm water contaminated by exposure to industrial activities or materials from the industrial facility or site identified in this document (except as allowed under 40 CFR 122.26(g)(2)).

I understand that I am obligated to submit a "no exposure" certification form to the NPDES permitting authority and, if requested, to the operator of the local municipal separate storm sewer system (MS4) into which this facility discharges (where applicable). I understand that I must allow the NPDES permitting authority, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of "no exposure" and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under an NPDES permit prior to any point source discharge of storm water from the facility.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: _____ Date: _____

Printed Name & Title: _____

Company/Organization Name: _____

Phone No.: () _____ Fax No.: () _____